

# **Instructions for How to Appeal a Late Fee Hardship Waiver Denial**

1. **THIS FORM IS TO BE USED ONLY TO APPEAL THE DENIAL OF A LATE FEE HARDSHIP WAIVER REQUEST FROM THE GEORGIA GOVERNMENT TRANSPARENCY AND CAMPAIGN FINANCE COMMISSION.**
2. The person submitting this request must be the individual who made the original Late Fee Hardship Waiver Request.
3. Print clearly.
4. **Mail completed form with your notarized original signature, copy of Late Fee Hardship Waiver Denial letter and any applicable documentation to support your appeal to:**  
  
**Chairman Kevin Abernethy, Appeals Committee  
of the Georgia Government Transparency and Campaign Finance Commission  
c/o Hall Booth Smith, P.C.  
191 Peachtree Street, NE, Suite 2900  
Atlanta, GA 30303-1755**
5. Documents provided will not be returned.
6. Faxed or e-mailed requests will not be accepted.
7. You will be contacted by a member of the Commission to discuss and/or obtain additional information, if needed.
8. Your will be notified when your appeal, via the Appeals Committee, will be brought before the Commission's board. Commission meetings are held at 200 Piedmont Avenue, Suite 1402-West Tower, Atlanta, GA 30334.

## Denial of Late Fee Hardship Waiver Request - Appeal Form

### I. Name/Address/Contact Information of person requesting appeal:

Mr./Ms./Mrs./Dr.	First Name	Middle Name	Last Name	Suffix
Address			City	State Zip
Contact Phone Number:	2 <sup>nd</sup> Contact Phone Number:		Email:	

If Non-Candidate Committee, enter committee name here:

### II. I am appealing the denial of my late fee hardship waiver request regarding the following report:

- ☐ Candidate or Elected Official - Campaign Contribution Disclosure Report (CCDR)  
☐ Candidate or Elected Official - Personal Financial Disclosure Report (PFD)  
☐ Non-Candidate Committee - Campaign Contribution Disclosure Report  
☐ Lobbyist Disclosure Report

Report Name/Period	Date Report DUE	Date Report FILED	Amount of Waiver Request	CCDR Report Type If Applicable	Lobbyist Report Type If Applicable
			\$	<input type="checkbox"/> Election Year <input type="checkbox"/> Non Election Year <input type="checkbox"/> Run-Off <input type="checkbox"/> Special Election	<input type="checkbox"/> State <input type="checkbox"/> State Agency <input type="checkbox"/> Local <input type="checkbox"/> Vendor

### III. Reason(s) for appeal of late fee hardship waiver request denial:

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- ☐ I have attached documentation stating and/or supporting my APPEAL request.  
☐ I HAVE ATTACHED A COPY OF MY LATE FEE HARDSHIP WAIVER DENIAL LETTER.

### IV. Verification by Oath or Affirmation - ORIGINAL NOTARY & SIGNATURE REQUIRED

I, the undersigned, being duly sworn, affirm and say that the information provided in this appeal of late fee hardship waiver denial is true and correct to the best of my knowledge and belief.

Notary Stamp/Crimp      STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Signature of Requestor

Date

Sworn to and subscribed before me on \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Signature of Notary Public

Office Use Only	Appeal Request Number: _____	Commission's Decision	Notification of Appeal Decision sent to Requestor
Appeal presented at Commission Meeting on ____/____/____		<input type="checkbox"/> Appeal Granted <input type="checkbox"/> Appeal Denied	____/____/____ <input type="checkbox"/> Copy Attached
<input type="checkbox"/> Copy of meeting noticed attached			